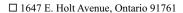
☐ 385 N. Arrowhead Avenue, S	San Bernardino 92415-0160
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☐ 13911 Park Avenue, Victorville 92392



PHONE



County of San Bernardino • Human Services System Department of Public Health DIVISION OF ENVIRONMENTAL HEALTH SERVICES



DATE:	
PAID:	
CHECK #:	
REC'D BY:	
RECEIPT #:	

Application for Health Permit Inspection and Health Services Farmers Market/Annual TFF Permit

Web site: www.sbcounty.gov/dehs

APPLICANT MUST FILL IN ALL BLANKS

ESTABLISHMENT NAME

ESTABLISHMENT ADDRESS _____

CITY/STATE/ZIP _____

PHONE NUMBER (____)_

"LEGAL" OWNER NAME

"LEGAL" OWNER ADDRESS

CITY/STATE/ZIP

LEGAL OWNER PHONE NUMBER ()

LEGAL OWNER THONE NOMBER (_______)

Owner's Driver License

FORMER ESTABLISHMENT NAME ____

APPLICANT MUST FILL IN ALL BLANKS

MAIL INVOICE TO:

Attention to:

Address

City/State/Zip ____

NOTE: ALL FEES ARE DUE AND PAYABLE WITHIN 30 DAYS.

TOTAL FEE DUE \$

FAILURE TO PAY WILL RESULT IN THE ASSESSMENT OF A DELINQUENT FEE. APPLICATION AND FEE MUST BE SUBMITTED PRIOR TO OPERATION BY ANY NEW OWNER, OR A DELINQUENT FEE WILL BE CHARGED.

I hereby make application for health services and permit to establish and/or operate the above mentioned business, use, or service in accordance with the laws, ordinances, and regulations that are now or may hereinafter be in force by the United States government, the State of California, and the County of San Bernardino pertaining to the above mentioned business. I hereby consent to all necessary inspections incident to the issuance of this permit and operation of the business.

Signed ______/ __ / ___ / ___ Title _____

TO BE COMPLETED BY OFFICE STAFF WHEN APPLICATION IS TAKEN

SST # _____ DISTRICT # ____ AUTHORIZED BY _____

PERMIT #_____ LOCATION CODE #_____ DATE ____

TEGORY #______ EXP DATE ______ NEW TRANSFER RENEWAL (Circle One)

FOOD OR BEVERAGE TEMPORARY EVENT FACT SHEET

WALLS AND ROOF MATERIAL	ELOOD	FOOD STAND (Indicate materials used)	LOCATED WHERE?	2 COMPARTMENT UTENSIL WASHING SINK WITH HOT & COLD RUNNING WATER YES \square NO \square PROVIDED HOW?		LIST ALL EQUIPMENT TO BE INSTALLED AT BOOTH OR STAND, INCLUDING GRILLS, REFRIG. UNITS, SINKS, BAR B-Q, ETC.	UTENSILS AND EQUIPMENT	IF PERISHABLE FOODS ARE INCLUDED, IS REFRIGERATION PROVIDED? YES ☐ NO ☐		FOODS TO BE SOLD AT STAND INDICATE SOURCE OF FOODS INDICATE WHAT FOODS ARE TO BE PREPARED	☐ OTHER (Describe below)	☐ FULLY ENCLOSED SNO-CONE, POPCORN, FLOSS CANDY, OR STEAMED HOT BOG UNIT (FOOD COMPARTMENT UNDER CANOI	☐ ONLY PREPACKAGED FOODS OR DRINKS ☐ FOOD PREPARATION AT BOOTH	FOODS	ADDRESS OF PERSON IN CHARGE CITY TELEPHONE NUMBER	PERSON IN CHARGE OF FOOD STAND FOOD WORKER TRAINING CERTIFICATES YES □	NAME OF EVENT ORGANIZATION DATE(S) of EVENT ONE DAY EVE
YES 🗆 NO 🗆						ETC.		TYPE OF REFRIGERATION		BE PREPARED AT STAND		UNDER CANOPY)					ONE DAY EVENT?